| AMENDMENT TRANSMITTAL LETTER | | | | | | Docket No. E7900.2063/P2063 | |
|--|---|---|-----------------------------------|----------|----|--------------------------------|--|
| Application No. | | Filing Date | | Examine | 1 | Art Unit | |
| 10/573,767-Conf. #9921 | | March 29, 2006 | | P. Hamo |) | 3746 | |
| Applicant(s): Martin Hagg et al. | | | | | | | |
| Invention: TRANSPORT DEVICE FOR STERILE MEDIA | | | | | | | |
| TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | |
| Total Claims | 21 | - 32 = | 0 | x 52.00 | | 0.00 | |
| Independent Claims | 6 | - 6 = | 0 | x 220.00 | | 0.00 | |
| Multiple Dependent Claims (check if applicable) | | | | | | | |
| Other fee (please specify): | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 0.00 | |
| x Large Entity Small Entity | | | | | ty | | |
| x No additional fee is required for this amendment. | | | | | | | |
| Please charge Deposit Account No in the amount of \$ | | | | | | | |
| A check in the amount of \$ to cover the filing fee is enclosed. | | | | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | | | | |
| X The Director is hereby authorized to charge and credit Deposit Account No04-1073 as described below. A duplicate copy of this sheet is enclosed. | | | | | | | |
| x Credit any overpayment. | | | | | | | |
| Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | | | |
| Gianni Minutoli Dated: August 25, 2010 | | | | | | | |
| Attorney/Agent Reg. No.: 41,198 | | | | | | | |
| DICKSTEIN SH 1825 Eye Stree Washington, Do (202) 420-3191 | et, NW C 20006-5403 | | · | | | | |